

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34264

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1077	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0113	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospr.				d. STREET ADDRESS (If rural, give location) 820 Green			
3. NAME OF DECEASED (Type or Print) FLOSSIE		a. (First) M		b. (Middle) POWELL		c. (Last)	
4. DATE OF DEATH		(Month) Oct		(Day) 10		(Year) 1952	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6, 1895	
9. AGE (In years last birthday) 57		10. AGE (In years last birthday) 57		11. BIRTHPLACE (State or foreign country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		13a. FATHER'S NAME William Myers		13b. MOTHER'S MAIDEN NAME Annie E. Fair	
13c. NAME OF HUSBAND OR WIFE Cam U. Powell		14. NAME OF HUSBAND OR WIFE Cam U. Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. Cam U. Powell		17. INFORMANT'S SIGNATURE OR NAME Mr. Cam U. Powell		17. INFORMANT'S SIGNATURE OR NAME Mr. Cam U. Powell		17. INFORMANT'S SIGNATURE OR NAME Mr. Cam U. Powell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct, Comp. Ryke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Dis. 15 years DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH months years years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May, 1928, to Oct. 10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 5:17 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. H. Jensen M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 10-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. Oct 14, 1952		REGISTRAR'S SIGNATURE Carl C. Cast		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS St. Joseph Mo.	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.